PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1077722

		CLAIMS A	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			۶.		•			RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			& mir	nus 20=	* \$			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 m	inus 3 =	* /			X43=		OR	X86=	51
MULTIPLE DEPENDENT CLAIM PI			RESENT					4.45				86
* If	the difference	e in column 1 is	less than ze	ess than zero, enter "0" in column 2				+145=		OR	+290=	
CLAIMS AS AMENDED - PART								TOTAL		OR	TOTAL	<u>\$18</u>
		(Column 1)	MICNUEL	Colun		(Column 3)	<u>_</u>	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	ENTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+145=			+290=	
								TOTAL		OR OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE	
	·	CLAIMS	1	HIGH		T	7 .			1 1		
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						ا ا	+145=		OR	+290=	
								TOTAL		OR OR	TOTAL	
ADDIT. FE										O11	ADDIT. FEE	·
_		(Column 1)	·	(Colun		(Column 3)	_			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	skr.kt		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.45			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290= TOTAL	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	ADDIT. FEE	
		ber Previously Paid					r fou	nd in the app	ropriate box	in col	umn 1.	